STATE OF NEW HAMPSHIRE PART TIME TROOPERS POS & HMO PLANS

WITH \$30 EE FEE EFFECTIVE 1/1/2016 The employee's share of Point of Service and HMO plans are the 26 PP respective working rate, less the employee share from the CBA (\$30), times the % of participation, then the employee share from the CBA (\$30) added back.

30 HOURS TO 31.5 HOURS

НМО

HN	O EE CONT	RIBUTION	HMO ER CO	W RATE	
	<u>26PP</u>	ANNUAL	<u> 26PP</u>	ANNUAL	<u>TOTAL</u>
HL-1 HL-2	\$61.47	\$1,598.22	\$125.88	\$3,272.88	\$4,871.10
HL-2	\$98.94	\$2,572.44	\$275.76	\$7,169.76	\$9,742.20
HL-3	\$143.91	\$3,741.66	\$455.62	\$11,846.12	\$15,587.78

POS

POS EE CONTRIBUTION			POS ER CON	W RATE	
	26PP	ANNUAL	26PP ANNUAL		<u>TOTAL</u>
HL-1	\$64.48	\$1,676.48	\$137.90	\$3,585.40	\$5,261.88
HL-2	\$104.95	\$2,728.70	\$299.80	\$7,794.80	\$10,523.50
HL-3	\$153.52	\$3,991.52	\$494.10	\$12,846.60	\$16,838.12

32 HOURS TO 34.5 HOURS

НМО

HM	IO EE CONTI	RIBUTION	HMO ER CO	W RATE	
	26PP	ANNUAL	<u> 26PP</u>	ANNUAL	<u>TOTAL</u>
HL-1	\$53.60	\$1,393.60	\$133.75	\$3,477.50	\$4,871.10
HL-2	\$81.71	\$2,124.46	\$292.99	\$7,617.74	\$9,742.20
HL-3	\$115.43	\$3,001.18	\$484.10	\$12,586.60	\$15,587.78

POS

POS EE CONTRIBUTION			POS ER CON	W RATE	
	<u>26PP</u>	ANNUAL	<u>26PP</u>	ANNUAL	<u>TOTAL</u>
HL-1	\$55.86	\$1,452.36	\$146.52	\$3,809.52	\$5,261.88
HL-2	\$86.21	\$2,241.46	\$318.54	\$8,282.04	\$10,523.50
HL-3	\$122.64	\$3,188.64	\$524.98	\$13,649.48	\$16,838.12

35 HOURS TO 37 HOURS

HMO

НМ	O EE CONT	RIBUTION	HMO ER CO	W RATE	
	26PP	ANNUAL	<u> 26PP</u>	ANNUAL	<u>TOTAL</u>
HL-1	\$41.01	\$1,066.26	\$146.34	\$3,804.84	\$4,871.10
HL-2	\$54.13	\$1,407.38	\$320.57	\$8,334.82	\$9,742.20
HL-3	\$69.87	\$1,816.62	\$529.66	\$13,771.16	\$15,587.78

POS

POS	POS EE CONTRIBUTION			POS ER CONTRIBUTION		
	<u>26PP</u>	ANNUAL	<u>26PP</u>	ANNUAL	<u>TOTAL</u>	
HL-1 HL-2	\$42.07	\$1,093.82	\$160.31	\$4,168.06	\$5,261.88	
HL-2	\$56.23	\$1,461.98	\$348.52	\$9,061.52	\$10,523.50	
HL-3	\$73.23	\$1,903.98	\$574.39	\$14,934.14	\$16,838.12	

EMPLOYEE CONTRIBUTION						
<u>26 PP</u>						
1 PERSON	\$ 30.00					
2 PERSON	\$ 30.00					
FAMILY	\$ 30.00					

MONTHLY WORKING RATES								
<u>POS</u> <u>HMO</u>								
HL-1: 1 PERSON	\$	438.50	\$	405.93				
HL-2: 2 PERSON	\$	876.96	\$	811.86				
HL-3: FAMILY	\$	1,403.17	\$	1,298.98				

	POS 26 PP	%			
1 PERSON	202.38	20%	34.48	30.00	64.48
2 PERSON	404.75	20%	74.95	30.00	104.95
FAMILY	647.62	20%	123.52	30.00	153.52

	<u>HMO 26 PP</u>	%			
1 PERSON	187.35	20%	31.47	30.00	61.47
2 PERSON	374.70	20%	68.94	30.00	98.94
FAMILY	599.53	20%	113.91	30.00	143.91

HL

3

30.00

HEALTH MAINTENANCE ORGANIZATION (HMO) POINT OF SERVICE (POS) **COMPANY-STATE SHARE (3006) EMPLOYEE SHARE (3004)** COMPANY-STATE SHARE (3003) **EMPLOYEE SHARE (3001)** WEEKLY AMT PER 26 AMT PER AMT PER 26 AMT PER % **TYPE** 26 PP **HRS RANGE** TYPE PLAN <u>PP</u> TYPE PLAN 26 PP PLAN <u>PP</u> % TYPE PLAN % % 30.0 80% HL 1 137.90 20% HL 1 64.48 80% HL 1 125.88 20% HL 61.47 299.80 HL 2 HL 2 104.95 HL 2 275.76 HL 2 98.94 494.10 455.62 HL 143.91 (30 to 31.5) HL 3 HL 3 153.52 HL 3 3 133.75 32.0 85% HL 1 146.52 15% HL 55.86 85% HL 15% HL 53.60 318.54 292.99 HL HL 2 HL 2 HL 2 81.71 86.21 2 524.98 HL 122.64 484.10 HL 3 115.43 (32 to 34.5) HL 3 3 HL 3 160.31 146.34 35.0 93% 7% HL 42.07 93% HL 7% HL 41.01 HL 1 1 1 348.52 HL 2 HL 320.57 HL 2 54.13 HL 2 56.23 2 (35 to 37) HL 3 574.39 HL 3 73.23 HL 3 529.66 HL 3 69.87 FULL TIME 100% HL 172.38 0% HL 1 30.00 100% HL 157.35 0% HL 30.00 HL 2 374.75 HL 2 30.00 HL 2 344.70 HL 2 30.00

30.00

HL

3

569.53

HL

3

(37.5 to >)

617.62

HL

3